

MUNICIPALITY _____ COUNTY _____



PLUMBING PERMIT APPLICATION

INSPECTIONS AS PER ACT 45 OF THE UCC

INSPECTIONS CALL 610-395-3827 EX 1

P.O. Box 423, Orefield, Pa. 18069

Fax 610-395-2231

TRACKING # _____ PERMIT # _____ DATE _____

Use of structure _____

OWNER'S NAME _____

PHONE NUMBERS _____

CONTRACTOR _____

ADDRESS _____

Street Number and Name

City

State

Zip

Phone #s Office: _____ Cell: _____ Fax: _____

Jobsite Address: _____

Fixture Count

Water closets Lavatory Urinal/Bidet Drinking Fountain

Bath Tub Shower Floor Drains Dishwasher

Sink Hose Bib Water Heater Washing Machine

Steam Boiler Sewer Pump Interceptor / Separator

Hot Water Boiler Back Flow Preventer or Grease Trap

Other: _____

Additional Equipment _____

Inspector Notes _____

Applicant Name: _____

Print and Sign